VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Full Name : _____	Phone Number : _____
Prefered Name : _____	City & State: _____
Date of Birth : _____	Email Address : _____

EMERGENCY CONTACT

Full Name : _____
Relationship : _____
Phone Number : _____

INTERESTS

□ Outreach □ Events □ Administrative Support □ Fundraising □ Special Events □ Other
Preferred Times: □ Morning □ Afternoon □ Evening □ Anytime
□ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Everyday

TELL US ABOUT ANY SKILLS, HOBBIES, CERTIFICATIONS, OR EXPERIENCE YOU'D LIKE TO SHARE THAT MAY BENEFIT F.A.M.I.L.Y. :

_____

_____

_____

_____

_____

WHY DO YOU WANT TO VOLUNTEER?

_____

_____

_____

_____

_____

_____ Date	_____ Signature

INTERNAL USE ONLY

□ VOLUNTEER INTERVIEW □ ORIENTATION □ BACKGROUND CHECK (IF REQUIRED)

□ APPROVED BY _____ □ VOLUNTEER START DATE: _____